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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 20274/1200990-US5
Application Number	09/375,514-Conf. #5198	Filed August 17, 1999
For	ANTI-SENSE OLIGONUCLEOTIDES FOR INHIBITING THE GROWTH OF LYMPHOMA AND LEUKEMIA CELLS	
Art Unit	1635	Examiner T. A. Vivlemore

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed. 08/30/2005 SHASSEN1 00000005 09375514

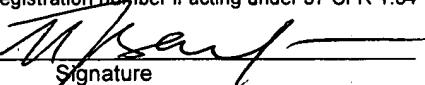
Payment by credit card. Form PTO-2038 is attached. 01 FC:2251 60.00 0P

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100. I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record. Registration Number 48,008
 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34


Signature

August 26, 2005

Date

Irina E. Vainberg

(212) 527-7634

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

Express Mail Label No.

Dated: _____